

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

2003 JAN 15 PM 2:30

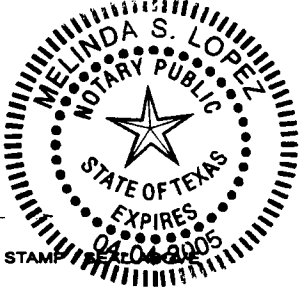
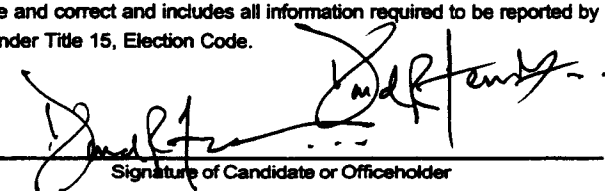
**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)		<b>2 Total pages filed:</b>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	TITLE FIRST MI		<b>OFFICE USE ONLY</b>		
	NICKNAME LAST SUFFIX				
David Fernandez					
<b>4 CANDIDATE / OFFICEHOLDER ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Received		
	P.O. Box 242216 San Antonio, TX 78224		Date Hand-delivered or Date Postmarked		
<b>5 CAMPAIGN TREASURER NAME</b>	TITLE FIRST MI		Receipt # Amount		
	NICKNAME LAST SUFFIX		Date Processed		
Ernest J. Martinez					Date Imaged
<b>6 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
446 Drake San Antonio, TX 7822					
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION				
(210) 710-1627					
<b>8 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
<b>9 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year 12 / 27 / 03    01 / 15 / 03				
<b>10 ELECTION</b>	ELECTION DATE Month Day Year		ELECTION TYPE		
5 / 3 / 03		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b>		
N/A					
<b>13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
<b>GO TO PAGE 2</b>					



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2**

2003 JAN 15 PM 2:30

<b>14 C/OH NAME</b> <u>David Fernandez</u>		<b>15 ACCOUNT #</b> (Ethics Commission Bars)	
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>	
	<b>COMMITTEE ADDRESS</b>		
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>		
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		
<b>17 NO REPORTABLE ACTIVITY</b> <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)			
<b>18 CONTRIBUTION TOTALS</b>  <b>EXPENDITURE TOTALS</b>  <b>OUTSTANDING LOAN TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4.	TOTAL POLITICAL EXPENDITURES	\$ <u>562.41</u>
	5.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>
<b>19 AFFIDAVIT</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p>AFFIX NOTARY STAMP</p> </div> <div style="width: 60%;"> <p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="text-align: right;">             _____            Signature of Candidate or Officeholder         </div> </div> </div> <p>Sworn to and subscribed before me, by the said <u>David Fernandez</u>, this the <u>15th</u> day of <u>January</u>, 20 <u>03</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <u>Melinda S. Lopez</u>            Signature of officer administering oath         </div> <div style="width: 30%;"> <u>Melinda S. Lopez</u>            Printed name of officer administering oath         </div> <div style="width: 30%;"> <u>Notary</u>            Title of officer administering oath         </div> </div>			

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 JAN 15 PM 2:30

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

## 2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Pico De Gallo Rest.

8 Amount  
(\$)

1/3

6 Payee address; City; State; Zip Code

111 S. Leona SATX

10.22

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign meeting

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Kinko's

Amount  
(\$)

1/6

Payee address; City; State; Zip Code

4418 Broadway SATX 78209

48.85

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Supplies

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Sea Island

Amount  
(\$)

1/7

Payee address; City; State; Zip Code

2119 SW Military Dr SATX 78224

20.03

Purpose of expenditure (See instructions regarding type of information required.)

Campaign meeting

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Debbie Martinez

Amount  
(\$)

1/7

Payee address; City; State; Zip Code

\$100.00

Purpose of expenditure (See instructions regarding type of information required.)

Campaign staff

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Barbed Wire Grill

Amount  
(\$)

1/7

Payee address; City; State; Zip Code

620 S. Presa SATX 78210

16.46

Purpose of expenditure (See instructions regarding type of information required.)

Campaign meeting

☒ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 JAN 15 PM 2:30

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

David R. Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/8

5 Payee name

Office max

6 Payee address;

City; State; Zip Code

255 E. Basse SA TX 78209

8 Amount  
(\$)

59.22

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign supplies

☒ Reimbursement  
from political  
contributions  
intended

Date

1/8

Payee name

Office max

Payee address;

City; State; Zip Code

255 E. Basse SA TX 78209

Amount  
(\$)

100.27

Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement  
from political  
contributions  
intended

Date

1/12

Payee name

The Home Depot

Payee address;

City; State; Zip Code

611 SW Loop 410 SA TX

Amount  
(\$)

23.93

Purpose of expenditure (See instructions regarding type of information required.)

☒ Reimbursement  
from political  
contributions  
intended

Date

1/09

Payee name

Mama Margies

Payee address;

City; State; Zip Code

2503 SW Military Dr.

Amount  
(\$)

8.13

Purpose of expenditure (See instructions regarding type of information required.)

Campaign meeting

☒ Reimbursement  
from political  
contributions  
intended

Date

1/12

Payee name

Diamond Shamrock

Payee address;

City; State; Zip Code

162 Danya

Amount  
(\$)

8.02

Purpose of expenditure (See instructions regarding type of information required.)

Gas reimbursement

☒ Reimbursement  
from political  
contributions  
intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

2003 JAN 15 PM 2:30

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/14

5 Payee name

Walgreens

6 Payee address; City; State; Zip Code

SW Military Dr SA TX 78221

8 Amount  
(\$)

7.32

7 Purpose of expenditure (See instructions regarding type of information required.)

Campaign Supplies

☒ Reimbursement  
from political  
contributions  
intended

Date

1/14

Payee name

Colonnas Restaurant

Payee address; City; State; Zip Code

4939 NW Loop 410 SA TX 78229

Amount  
(\$)

20.60

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Meeting

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

2003 JAN 15 PM 2:30

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

12/28

5 Payee name

Bill Miller

6 Payee address;

City; State; Zip Code

620 Division, SA TX 78214

8 Amount  
(\$)

30.64

7 Purpose of expenditure (See instructions regarding type of information required.)

Community Event/Mtg Supplies

☒ Reimbursement  
from political  
contributions  
intended

Date

12/28

Payee name

Office Depot

Payee address;

City; State; Zip Code

2321 SW Military, SA TX 78224

Amount  
(\$)

22.64

Purpose of expenditure (See instructions regarding type of information required.)

Campaign Supplies

☒ Reimbursement  
from political  
contributions  
intended

Date

12/28

Payee name

Del Rio Tortilla

Payee address;

City; State; Zip Code

Gillette SA TX

Amount  
(\$)

21.58

Purpose of expenditure (See instructions regarding type of information required.)

Community Event/Mtg Supplies

☒ Reimbursement  
from political  
contributions  
intended

Date

12/28

Payee name

Wal Mart

Payee address;

City; State; Zip Code

SW Military Dr.

Amount  
(\$)

57.50

Purpose of expenditure (See instructions regarding type of information required.)

Community Event/Mtg Supplies

☒ Reimbursement  
from political  
contributions  
intended

Date

12/31

Payee name

City of San Antonio

Payee address;

City; State; Zip Code

P.O. Box 83966 SA TX 78283

Amount  
(\$)

10.00

Purpose of expenditure (See instructions regarding type of information required.)

Candidate Packet

☒ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED